

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>09/739,519</b>		Filing Date				
							Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/												
2		/											
3		/											
4		/											
5		/											
6		/											
7		/											
8		/											
9		/											
10		/											
11		/											
12		/											
13		/											
14		/											
15		/											
16		/											
17		/											
18		/											
19		/											
20		/											
21		/											
22		/											
23		/											
24	/												
25	/												
26		/											
27		/											
28		/											
29		/											
30		/											
31		/											
32		/											
33		/											
34		/											
35		/											
36		/											
37		/											
38		/											
39		/											
40		/											
41		/											
42		/											
43													
44													
45													
46													
47													
48													
49													
50													
Total Indep	3												
Total Depend	39												
Total Claims	42												
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
Total Indep													
Total Depend													
Total Claims													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2